

## New Client Registration Form

Please complete this form as fully as possible prior to your first appointment. This will help expedite the registration process and give us valuable insight in providing the best care for your pet(s). The required sections have a red \* asterisk.

### Name \*

First \_\_\_\_\_ Last \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \* \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Or Social Security Number \_\_\_\_\_

E-mail \* \_\_\_\_\_

How did you find out about our practice?

- Clinic Location
- Personal Referral
- Internet Search / Website
- Yellow Pages
- Clinic Sign
- Newspaper / Print Media
- Other

If other, please specify

If personal referral, is there someone we can thank for the referral?

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**Pet Information \***

Pet's name \_\_\_\_\_ Species: Dog/Cat \_\_\_\_\_

Breed \_\_\_\_\_ Date of birth \_\_\_\_\_

Color \_\_\_\_\_ Sex: Male/Female \_\_\_\_\_

Spayed/Neutered (yes or no) \_\_\_\_\_

Does your pet have a microchip? \_\_\_\_\_

Has your pet been vaccinated? \_\_\_\_\_ (Please bring medical records to appointment)